

Bilateral chest elastofibroma

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FIGURE 1. Chest computerized tomography reveals bilateral solid formations (arrows) with skeletal muscle density located in lateral thoracic walls at the level of the scapulae.

A 62 years-old woman with negative medical history was presenting complaining for bilateral solid enlargements in the area of scapulae. Chest radiograph was negative for abnormal findings. Chest computerized tomography (Figure 1) showed bilateral solid formations with skeletal muscle density located in front of the scapulae and lateral to thoracic wall. Chest magnetic resonance imaging (Figure 2 a, b) showed bilateral unencapsulated symmetrical spindle shaped solid formations located at the level of the scapulae, in front of the serratus anterior muscle and lateral to the ribs. The formations were heterogeneous with alternating linear regions of skeletal muscle and fat tissue intensity. Both formations were of similar dimensions, 10 × 7 × 3.5 cm. The computerized tomography and magnetic resonance imaging evaluation of the chest were negative for abnormal findings of the lungs, mediastinum, vessels and thoracic cage. These imaging findings are typical for elastofibroma.

Elastofibroma is a rare, benign tumor of soft tissues firstly described by Järvi and Saxen in 1961 (1). It is more frequent in women older than 50 years-old age. Surgical excision is indicated only in severe symptomatic cases.



FIGURE 2 (A, B). Chest magnetic resonance imaging with intravenous contrast material shows (arrows) bilateral unencapsulated symmetrical spindle shaped solid formations located at lateral chest walls at the level of the scapulae, in front of the serratus anterior muscle and lateral to the ribs. The formations are heterogeneous with alternating linear regions of skeletal muscle and fat tissue intensity. Both formations were of similar dimensions, 10 × 7 × 3.5 cm.

REFERENCE

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